

Name \_\_\_\_\_  
 \_\_\_\_\_  
 Position/Grade \_\_\_\_\_

Verification		
Date	Method	Level
	Training	Assessment

#### DEPARTMENTAL COMPETENCIES


#### POSITION-SPECIFIC COMPETENCIES


#### POSITION-SPECIFIC EQUIPMENT


The above named employee is competent to perform the skills listed above, including Clinical Center, departmental and job-specific skills as assessed by the employee's supervisor.

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Training Method	Assessment Method	Verification Level Codes
C=Course/class/in-service M=Mandatory review P=Policy/Procedure AV=Audio/Visual DOC=Manual/Written Material S=Supervisory Instruction/Feedback O=Other	OB=Observation D=Demonstration V=Verbalization T=Test/Quiz DR=Documentation Review O=Other	S=Satisfactorily meets N=Needs improvement